



California State University, San Bernardino
CSUSB ScholarWorks

Electronic Theses, Projects, and Dissertations

Office of Graduate Studies

6-2016

SOCIAL WORK STUDENTS' PREPARDNESS FOR GRIEF AND LOSS SERVICES

Luis Andres Mitchell

California State University - San Bernardino, mitcl308@coyote.csusb.edu

Juan Felipe Murillo

California State University - San Bernardino, murij303@coyote.csusb.edu

Follow this and additional works at: <http://scholarworks.lib.csusb.edu/etd>



Part of the [Social Work Commons](#)

Recommended Citation

Mitchell, Luis Andres and Murillo, Juan Felipe, "SOCIAL WORK STUDENTS' PREPARDNESS FOR GRIEF AND LOSS SERVICES" (2016). *Electronic Theses, Projects, and Dissertations*. Paper 372.

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

SOCIAL WORK STUDENTS' PREPAREDNESS FOR GRIEF AND LOSS
SERVICES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Luis Andres Mitchell
Juan Felipe Murillo
June 2016

SOCIAL WORK STUDENTS' PREPAREDNESS FOR GRIEF AND LOSS
SERVICES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Luis Andres Mitchell
Juan Felipe Murillo

Approved by:

Dr. Thomas Davis, Research Supervisor, Social Work

Dr. Janet Chang, Research Coordinator

© 2016 Luis Andres Mitchell and Juan Felipe Murillo

ABSTRACT

Expectedly and unexpectedly, people pass away. Millions of individuals die in the United States every year. Loss is a natural part of life and some will need grief and loss support. Social workers are in a position to support individuals with grief and loss and end-of-life issues. However, are students ready to provide these services? This study surveyed undergraduate and graduate social work students' perceived competence in providing grief and loss services. The sample consisted of students in the School of Social Work at California State University, San Bernardino. The study found that respondents in both programs did not feel competent in providing grief and loss services due to the lack of education in the classroom. Additionally, respondents reported not attending professional development hours outside of school.

ACKNOWLEDGEMENTS

We would like to thank all the individuals who made this project possible. Thank you Professor Meza for pairing this dynamic duo together. Thank you Dr. Chang for providing the conceptualization of this project. Thank you Dr. Smith for allowing us to survey students in the School of Social Work. Thank you to all the students who participated in this project, this project could not have been possible without you. Thank you to all the teachers who took time out of your class to allow us to speak about our project. Thank you Dr. Schonfeld of USC and Dr. Demaria of LIU for providing articles and suggestions relating to grief. Most of all, thank you Dr. Davis for being a great advisor and an inspirational professor. You are truly an amazing, unique, and gifted individual with lots to give to the world.

DEDICATION

From Luis: May this project be a testament to what the lord makes possible. "Be strong and courageous, for your work will be rewarded" (2 Chronicles 15:7). Thank you father, for giving me the strength and conviction to complete this task and for keeping me resolute when all appeared to be lost. To mi familia, this is all for you. Mother, thank you for your patience and for making me into the person that I am today. To my father, great-grandmother, and Herman, I will never forget the time we spent together. To my grandparents, this could not be possible without you and all the support you provided. To my siblings, this is proof that hard work pays off and this is all for you. To Juan "Juicy," we did it brother and thanks for being the best partner a guy could have. Finally, this project is for all the children and individuals who have lost a loved one or that is keeping hope alive. It's definitely your courage that keeps me going.

From Juan: You miss all the shots you do not take and I have been blessed to have such an inspiring team surrounding me. For starters, I'd like to thank my parents, Maria y Juan, for working so hard for me to believe that I had these opportunities and inspiring me with their words/actions. Father, you were right, hard work does pay off. Mom, you're impossible to break and if it wasn't for that I would have not been able to make it. For my older sisters, Elizabeth and Nora, who gave me a difficult time growing up while setting a high bar for me to push even further, thank you for providing support. For my younger sisters who

had to put up with me at home while I completed this degree, I hope I've set a good example for you to follow. I believe in you, Angelica and Susana. To my cousin Alex, you left us too early and I always believed you'd be amazing, you're an inspiration to me and many others. To my partner in crime Luis "Luscious," I think we are ready to take over the world brother! Last, but not least, for all who have lost someone, as I have been there and hope that this research brings awareness to us all. Thank you!

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS.....	iv
LIST OF TABLES	vii
CHAPTER ONE: INTRODUCTION	
Problem Statement	1
Purpose of the Study	4
Significance of the Project for Social Work	5
CHAPTER TWO: LITERATURE REVIEW	
Introduction	8
Theories Guiding Conceptualization	8
Pathology of Grief	11
Grief and Loss in Social Work Education.....	13
Social Workers' Competence and Comfort.....	16
Summary	18
CHAPTER THREE: METHODS	
Introduction	20
Study Design	20
Sampling.....	22
Data Collection and Instruments.....	22
Procedures	24
Protection of Human Subjects	25
Data Analysis.....	26

Summary	27
CHAPTER FOUR: RESULTS	
Data Tables	28
CHAPTER FIVE: DISCUSSION	
Introduction	38
Discussion	38
Grief and Loss Courses	39
Continuous Education	43
Macro Development	45
Grief and Loss with Children	47
Limitations.....	48
Recommendations for Social Work Practice, Policy, and Research	49
Conclusion	51
APPENDIX A: INFORMED CONSENT	53
APPENDIX B: DEBRIEFING STATEMENT.....	55
APPENDIX C: INSTRUMENT	57
REFERENCES	62
ASSIGNED RESPONSIBILITIES PAGE	66

LIST OF TABLES

Table 1. Personal Loss Experience	28
Table 2. Grief Courses Specifically Focused on Grief and Loss.....	28
Table 3. Courses that Included Grief	29
Table 4. Grief Counseling Competency	29
Table 5. Great Deal of Experience	30
Table 6. Feel Competent	30
Table 7. Theories of Grief	31
Table 8. Assess Grief	31
Table 9. Counseling Children Grief.....	32
Table 10. Adequate Clinical Training.....	32
Table 11. Continuing Education.....	33
Table 12. Experience of Suicide	34
Table 13. Assess Unresolved Grief	34
Table 14. Grade Level	35
Table 15. Bachelor's Degree	35
Table 16. Age	36
Table 17. Number of Deaths in Past Year	37

CHAPTER ONE

INTRODUCTION

Problem Statement

Expectedly or unexpectedly, people come and go and some, unfortunately, pass away. In 2010, more than 2.4 million deaths were reported in the United States that year. As of 2015, the amount of deaths per year could be well over 2.5 million as there was an increase of over 30,000 more deaths every year since 2010 (Murphy, Xu, & Kochanek, 2013). Death is no stranger to a specific state or county. Geographically, San Bernardino County happens the largest county in the United States. According to the U.S. Census (2010), the estimated population of San Bernardino County was just above 2.1 million people and the estimated population for the state of California was just under 39 million. According to the Department of Public Health in the state of California (2010), of the known ages of death in 2010, 85% of individuals were 55 and over; the total of deaths was well over 230,000. Chances are many of these individuals are leaving loved ones behind.

Although, not all individuals will require bereavement services, some will need interventions. Loss is a natural part of life and it can be expected for a person to experience grief, especially when a person dies. For the purpose of this study, the meaning of grief, loss, and bereavement will be related to death. Other aspects of grief do exist, but death will be the main focus.

People react to grief differently. Coping takes place in both adaptive and maladaptive functions. However, grief may be a traumatic process for a child. For a child, the death of an adult is one of the most significant and serious losses because a child is still dependent on adults for support and care (Yeager & Roberts, 2015). A loss of a parent bears impactful adversities. Parental loss in childhood resulted in more serious developmental and academic problems, less academic success, few social relationships, and future psychological problems; more symptoms manifested if the death was sudden (Karakartal, 2012). The sudden loss of a father or sibling led to a significantly greater risk of developing bipolar disorder or schizophrenia in adulthood for children (Clarke, Tanskanen, Huttunen, & Cannon, 2013). Overall, children think of their parents' death much more and longer than adults do (Karakartal, 2012).

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; *DSM-5*; American Psychiatric Association, 2013) provides classification for mental disorders and includes information relating to grief and its symptoms. Issues and challenges include but is not limited to the following: prolonged perseveration, yearning, intense sorrow, numbness, bitterness, anger, self-blame, avoidance, self-injurious behavior, suicidal ideations and attempts, loneliness, isolation, reckless behavior, detachment from reality, emptiness, displeasure in life, and/or depression. In children, it may be worse as they cannot fully comprehend the concept of death. Many symptoms may result in severe impairment as well as

develop into other mental health disorders (American Psychiatric Association, 2013). It may be hard to protect a child from such a crisis like death.

Talking about death can be a sensitive topic. It's common for people to feel uncomfortable about talking about death. It could be that one doesn't know what to say or doesn't know how to sympathize for the individual. Grief can be a profound emotion, even for the "expert" therapist who has training and experience (Kouriatis & Brown, 2013). Many individuals working with children and families overlook the necessity for grief and loss education and training. When it comes to grief and loss education, few programs specialize on bereavement services, especially tailored to children and families. Some programs focus more on grief and loss in gerontology; however, the aging population does not solely experience loss or death. Graduating students are not adequately prepared to provide grief and loss services. Research showed that students, both undergraduates and graduates in various programs within the social service field, have limited education on providing grief related interventions (Bembry, Poe, & Rogers, 2009; Breen, Fernandez, O'Connor, & Pember, 2012; Huff, Weisenfluh, Murphy, & Black, 2006). A study of Marriage and Family Therapists (MFTs) found that more than half had no training on grief in their graduate programs and that 98% of the therapists surveyed reported working with at least one client with challenges relating to grief (Charkow, 2002). The need for grief interventions and theoretical orientations is needed within both undergraduate and graduate level curriculum. Despite the importance of the topic

of grief and loss or death and dying, few studies were conducted on the issue and this study aims to produce more knowledge relating to grief and loss.

Purpose of the Study

The primary purpose of the study is to investigate if students feel properly prepared and competent to provide grief and loss services to children and adults who have suffered the death of a loved one. People die every day and some individual will experience grief. Some may not need bereavement but others may. In order for clients to truly benefit from grief and loss services, social workers and clinicians have to be appropriately equipped with the tools to support clients. Agencies should desire that their staff are qualified to be effective.

It's not uncommon for death related circumstances to be involved within child welfare. Because children in child welfare are at higher risks for abuse and neglect, there is a possibility of death of siblings and adult figures. Csikai, Herrin, Tang, and Church (2008) found that children deaths, children with end-of-life issues, and parental deaths were very common within child welfare. Of the 138 responding child welfare workers, only eight reported never encountering a grief-death related issue. Additionally, more than 53% worked on a case where a birthparent died or was previously deceased. Only half of the workers agreed that their training in grief and loss was adequate (Csikai et al., 2008). Another study revealed that child welfare workers found that dealing with the death was extremely difficult, to the point where they questioned their professional judgment

(Gustavsson & MacEachron, 2002). Children within child welfare already experience difficulties and when combined with grief and loss challenges, children are at greater risk for negative outcomes. Research demonstrated when workers in child welfare knew more about grief cycles relating to death, workers were better off in coping and assisting clients (Gustavsson & MacEachron, 2004). Particularly in San Bernardino County's Department of Children and Family Services, the California Permanency for Youth Project demonstrated how training child welfare workers in grief and loss services produced positive outcomes for children involved in child welfare (Wakcher, 2010).

This study will employ a survey design and a survey questionnaire will be distributed to both undergraduate and graduate students within the School of Social Work program at California State University, San Bernardino to examine students' level of preparedness and comfort in relation to providing grief and loss services to individuals who have experienced the death of a loved one. Students will be given a version of the Grief Counseling Experience and Training created by Anne M. Deffenbaugh (2008) to evaluate students' previous training, experience, and education on grief counseling. The survey used by Deffenbaugh measured licensed counselors' previous education, training, and experience on grief, loss, bereavement, dying, and death.

Significance of the Project for Social Work

This current study aims to determine if social workers students feel prepared to provide grief and loss services and if they are getting enough

education relating to grief and loss in their educational programs. The application for social work practice can be tremendous for individuals, schools, and agencies. If the results indicate that students do not feel prepared or competent, programs could reexamine their curriculum and include more education about grief, loss, and bereavement. Students could be encouraged to seek more training outside of school. Also, agencies may consider including more grief and loss training for students and employees after results show there was not much emphasis on grief and loss before. Workers may see the benefits of getting more training and how it is beneficial for clients.

The findings can apply to many of the phases of the generalist intervention model. Social workers will find through more training that they know how to better connect with clients (engagement phase), better analyze and understand the situation the client is in and symptoms (assessment phase), develop better treatment plans (planning phase), apply better interventions (implementation phase), and better evaluate progress (evaluation phase). With proper progress, clients can end services (termination phase) and check in as needed (follow-up phase). The findings can also contribute to social work research. More research can investigate what students need to learn to feel more prepared or comfortable. Research evaluating competence in grief and loss is also needed.

Students are bound to have internships and social workers are bound to work in agencies where they assist grieving individuals. Settings such as hospices, schools, hospitals, and child welfare are some possibilities. It would be

unfortunate not to be equipped with the proper tools and knowledge to provide services. Counselors are in a position to provide bereavement services but are they prepared? The research questions include: are students being educated on grief and loss during their undergraduate and graduate programs, how much training are students getting in grief and loss outside of school, and do students feel confident and competent to provide grief and loss services?

This study is relevant to child welfare because child welfare workers are bound to work with clients with some sort of end-of-life issue (Csikai et al., 2008). Grief and loss services are needed to support children and adults when a loved one dies. Although child welfare workers won't necessarily provide ongoing bereavement services, they may have to provide immediate crisis intervention or have to assess if clients need grief and loss counseling.

CHAPTER TWO

LITERATURE REVIEW

Introduction

A review of previous research and literature is needed to better understand the importance of this study. In this chapter, four sections are provided: theories guiding conceptualization, pathology of grief, grief and loss in social work education, and social worker's competence and comfort. Theories guiding conceptualization provides information about important theories relating to grief and loss. The pathology of grief section describes symptoms and disorders of grief. The grief and loss in social work education section informs that limited education is dedicated to the classroom. The social worker's competence and comfort section tells that students and workers are not prepared to provide grief and loss services.

Theories Guiding Conceptualization

When it comes to grief and loss education, theories provide a framework on understanding the course of interventions. There are a variety of theories available to social workers relating to grief and loss education. Horn, Crews, and Harrawood (2013) provided a brief overview of various strategies that could be incorporated in bereavement services. One theory examined was Kübler-Ross's model on Stage Theory. The study found that there is limited empirical research indicating that one particular model or theory was better than the other and

recommended curriculum covering classic theories. Counselors reported being more familiar with stages theories (Buckle, 2013; Ober, Granello, & Wheaton, 2012). Ober et al. (2012) reported counselors not being familiar with other theories and perspective other than stages theories.

The model of grief developed by Kübler-Ross (1969) described grief as a set of stages that individuals must overcome before they are comfortable with themselves after a loss. The stages are as follows: denial, rage and anger, bargaining, depression, and acceptance in that order. Individuals operate through these stages when coping with a loss. During the denial stage, the individual has not come to terms with what has happened and that what has occurred cannot be true. During the rage and anger stage, the individual can express his or her emotions by taking it out on others, state life is unfair, and blame others for hardships that are taking place. After the rage and anger stage, bargaining begins to take charge. During the bargaining stage, the person who is experiencing the loss may attempt to make a deal with a higher being for the possibility of another chance. Soon after, the depression stage begins and the individual starts to feel the sadness associated with the loss while accepting that the loss is real. Finally, the person reaches the acceptance stage and learns that he or she must find a way to live life and cope with the loss. This model provides a framework when working with clients who are grieving. Being familiar with the model allows for a person to be able to identify where clients are in their grief and to tailor individual services for them. Based on the theory, individuals will go

through these stages in different fashions. Some people are able to skip stages and even revert to a prior stage making it difficult to know where to begin. Social workers may struggle to find where clients are in their grief. It is important to be able to identify where individuals are in order to provide adequate services.

Another grief model is the Westberg (1962) model for grief which, similar to Kübler-Ross (1969), also contains stages. The model begins with a grieving individual who is in shock and denial because the person has learned about the loss and the individual feels a disconnection with all emotions as he or she is not able to believe what has occurred. Soon, the emotions erupt stage takes place in which the person starts to exhibit visual emotions such as crying or screaming. The anger stage arrives soon after and brings about targeted accusations towards a higher being due to the unfairness of the loss. Due to the high stress levels, the grieving individual may develop illnesses. Panic begins to take over when a realization occurs that he or she must now go through life without the deceased. Soon, guilt develops due to an individual believing the loss was his or her fault. Depression and loneliness becomes a part of their life as he or she experience feelings of sadness and also step away from relationships that do not provide comfort. Reentry difficulties take place as a person begins to become part of society again due to not being able to let go of what has happened. Soon enough, hope begins to emerge as the individual begins to believe that life may be able to go back to normal. Finally, the struggle to affirm reality occurs. The individual is able to fully cope with the loss and continue life as it once was. In

this stage, it's important to know that people do not become who they once were. After a significant loss, individuals grow into new people. This model also provides a framework for grief and loss in which the individual may be located at any part of the process. The social worker, again, must be able to determine where the client is in the spectrum for the purpose of delivering the most empowering experience.

Pathology of Grief

Diagnostic criteria can be used to identify symptoms for individuals to receive treatment. For the purpose of this study, symptoms are mentioned in order to gain a better understanding and framework of some of the symptoms individuals will experience while grieving. Grief reactions are normal and usually negative symptoms appear following the death of a loved one. It is, however, difficult to find consensus between normal grief reactions and pathological grief reactions (Wagner & Maercker, 2010). Even in the *DSM-5*, a distinction between normal grief and pathological grief is not provided; proposed criteria is still in development at this time (American Psychiatric Association, 2013). This shows that more research is definitely needed in the field of grief and loss.

In some cases, grief is not complicated. Some individuals go through a process where they find themselves yearning intensely for their loved one but within weeks and months, the grief begins to dissolve, thus alleviating prolonged impairment (Jordan & Litz, 2014). In other cases, grief can be very complicated, especially when the death is unexpected. The symptoms of a proposed

prolonged grief disorder in the *DSM-5* are as follow: months or years of perseveration; yearning; intense sorrow; emotional preoccupation with death; inability to accept death; numbness; bitterness; anger; maladaptive behaviors; self-blame; avoidance; self-harm behavior; suicidal ideations and/or attempts; difficulty trusting; loneliness; isolation; reckless behaviors; detachment from others and/or reality; emptiness; confusion; displeasure in life; inability to be happy; and/or depression; many of these symptoms fit the criteria for disorders such as depressive disorders, anxiety disorders, disruptive disorders, psychotic disorders, trauma- and stress-related disorders, and/or substance-use disorders; The *DSM-5* warns that symptoms may result in severe impairment or mental health disorders (American Psychiatric Association, 2013).

Aside from the proposed symptoms discussed in the *DSM-5*, other studies have discussed aspects of complicated grief. A systematic review of literature on complicated grief found that grief-related symptoms lasted beyond the time which was considered normal; many symptoms were similar to symptoms of traumatic distress; some of the symptoms included: chronic separation distress, searching for the deceased, preoccupation with the deceased, disbelief, shock, mistrust, anger, detachment, somatic pain, anxious behavior, depression, resistance, disinterest of life, and/or intense and painful emotions; many of these symptoms lasted at least six months (Lobb, Kristjanson, Aoun, Monterosso, Halkett, & Davies, 2010). For children, symptoms may be worse because children may not

fully understand the concept of death and they may not be equipped with the processing skills to cope with death.

Grief and Loss in Social Work Education

Social workers have to be equipped with the skills to assist individuals with coping. Evidence suggested that students are not being properly prepared at all university levels. Undergraduate students are often placed in mental health settings such as nursing homes, care facilities or hospitals. Bembry, Poe, and Rogers (2009) explored the experiences of undergraduate social work students using qualitative and quantitative data collection methods. Over a third of the students reported experiencing the death of a client and stated being affected professionally and personally. The students and the authors recommended introductory education in courses and more discussions in classes to increase comfort in providing services.

Another study of undergraduate and graduate courses recorded similar outcomes to the Bembry et al. (2009) study. Researchers interviewed various undergraduate and graduate students and examined the curriculum of six courses (medicine, nursing, counseling, psychology, social work, and occupational therapy) at the university level and found that of the six courses, only counseling provided a unit relating to grief and loss (Breen, Fernandez, O'Connor & Pember, 2012). In the social work program, grief was covered only for three weeks out of the four year program. Students interviewed desired more discussions relating to grief and loss. Although the study was based out of

Australia and the sample size was only 25 students, the implications can be applied to students and programs in the United States. The study was effective because direct feedback from students was provided. The researchers encouraged enhancing grief education as it may result in more efficient and quality services.

One study examined social work education textbooks and determined that grief and loss education was essentially nonexistent within the literature, barely 3% (Kramer, Hovland-Scafe, & Pacourek, 2003). They examined books being used in undergraduate and graduate education. Only 651 of the 19,377 pages examined contained content relating grief and loss. In books about case management, family therapy, human behavior, social policy, and violence, less than 1% provided content in end-of-life care. Within the content of grief and loss, culture and age had the least amount of coverage. Many of these textbooks are being used in classes today. Students are not getting the information needed from their textbooks.

One could say that students could learn more about grief and loss as they enter the field or their careers develop. Charkow (2002) measured Marriage and Family Therapists competence and training relating to grief counseling. The counselors who participated in the study (147) indicated that their graduate program provided less than adequate training. Over 60% reported having no courses relating to death and dying, while 25% reported having one course in graduate school. As far as continuous education, 22% reported zero hours after

graduation, 11% had one to five hours, while another 22% had six to ten hours after graduation. However, 94% of the counselors reported reading an article or book relating to grief and loss. Ninety-eight percent reported having at least one client with grief and loss concerns. Charkow suggested that counselors are providing services without adequate training. The study implied that counselors with proper grief-related training are more likely to cope well with personal issues related to death and dying as well as have more effective interventions for counseling. Most participants indicated there was limited specialized training in schools and during their practice. Those who completed more grief and loss related courses reported more confidence and better coping.

Ober, Granello and Wheaton (2012) completed a similar study of counselors. The 347 participants completed three instruments (Death Counselor Survey, Texas Revised Inventory to Grief, and Grief Counseling Experience and Training Survey) to measure competencies, personal experience, and training and experience relating to grief. Results showed that 54% had no specific course relating to grief. Seventy-four percent stated grief was included in their education at some point. Counselors perceived themselves as prepared when it came to self-awareness; however, they felt less prepared overall. The study found that personal loss did not correlate with competency. Both training and experience resulted in a large variance when it came to competency. The study also compared demographics to grief and loss and found women scored higher on

competencies; the study was mostly of women (77%) and of European origins. Age was not a significant factor in the study.

Not all studies agreed that counselors were not prepared to provide grief and loss treatment. Stephenson (1981) surveyed 119 Marriage and Family Therapists and found that 60% of the participants stated they felt competent in providing death therapy. Within the 60%, 90% reported having limited or no preparation for grief and loss in their educational programs. However, 80% of the participants with limited or no preparation stated there was not enough time spent on death education. When asked about how important death education was, 97% responded there was a need for formal education. It's important to note, the study occurred more than 30 years ago. Nonetheless, the study still emphasized a need for death education in educational programs.

Social Workers' Competence and Comfort

Kramer (1998) explored comfort levels relating to death acceptance among social workers. Using a quasi-experimental, nonequivalent control group design utilizing a "pre-test, intervention, and post-test" format with the experimental group, the researcher supplied a grief, loss, and death questionnaires (Likert scale) to 25 graduate level social work students enrolled at the researcher's university. The experimental group consisted of students enrolled in the researcher's *Grief. Death. Loss. and Life course*. The control group enrolled in a social work elective not relating to grief. Her findings proposed that students in the grief course reported greater competence in their

skills and knowledge and better preparation for working with grieving individuals. Both quantitative and qualitative responses confirmed responses. Even though some bias may occur because participants were enrolled in the researcher's class, most participants reported feeling "a little" to "somewhat" prepared prior to the class.

Buckle (2013) explored students' motivation for enrolling in death and dying courses. The study involved 25 students enrolled in her death and dying class. In-class reflection papers from students (at the beginning and end of the course) stated the reasons students enrolled were due to a lack of knowledge, professional relevance, personal loss, academic goals, and personal goals. Students stated they wanted to be more comfortable with death and dying and they wanted to be able to support others going through the grieving process. Outcomes of the study found that students had an increased comfort level and reduced fear towards talking about grief. Participants reported they were less reluctant to avoid conversations about death and felt more open to talk to clients about it. In both studies (Buckle, 2013; Kramer, 1998), students' perceptions were measured rather than actual knowledge.

Kouristis and Brown (2013) explored grief and loss from the therapist's point of view. The study interviewed six active therapists who were able to share their experiences. Through the use of semi-structured interviews, they found that loss not only affects counselors psychologically, but cognitively, physically, and relationally. Loss can result into a therapist becoming vulnerable. Also, ethical

issues of over identifying with clients were present. Loss not only produces negative symptoms for clients, but also negative outcomes for counselors as well (Hayes, Yeh & Eisenberg, 2007). Though loss came with its challenges, it provided areas for counselors to grow.

During 2008-09, the Department of Children and Family Services in San Bernardino County implemented a pilot program known as the California Permanency for Youth Project. Services were provided to higher risk children experiencing multiple challenges while in child welfare. Many services were provided during the program, along with grief and loss services. Grief and loss services was one of the main components of the program. Two groups participated in the pilot: the control group (services typically provided by the social worker) and the experimental group (additional services). The experimental group that received grief and loss services, through counseling and through their social workers who received training, had stronger support systems, higher reported happiness levels, more positive attitudes, improvement in behavioral problems, and better school performances. Goals of permanency and well-being were being achieved. The control group did not show the same outcomes and even regressed in some areas. Social workers also reported feeling better (Wakcher, 2010).

Summary

As shown in the literature discussed, children and adults face many adversities after the death of a loved one. Without proper treatment, symptoms

can manifest into greater challenges such as severe impairment or mental health disorders (American Psychiatric Association, 2013). Clients are not the only individuals at risk. Students and workers are susceptible to negative outcomes too. Students reported not feeling comfortable or prepared to provide grief and loss support. Even licensed therapists revealed they were not as prepared. As workers enter the field, there is limited professional development hours in grief and loss education. Training in grief and loss generated more contentment and readiness as well as better outcomes for clients and workers.

CHAPTER THREE

METHODS

Introduction

In this chapter, a clear overview of the research design, sampling method, data collection process, procedures/techniques, protection of human subjects, and data analysis used to collect data were described. A quantitative procedure using a survey questionnaire developed by the researchers was used in order to gather information regarding undergraduate and graduate social work students' preparedness and comfort of providing grief and loss services.

Study Design

The purpose of this study was to evaluate preparedness and comfort of providing grief and loss services (relating to death) of current undergraduate and graduate social work students. A survey design, using an online surveying tool, was used to investigate whether students feel prepared and comfortable to provide grief and loss services, whether students perceived if they have received enough education relating to grief and loss, and which factors correlate to greater readiness. A quantitative approach worked best because it allowed for a large sample of individuals to be surveyed without the assistance of an interviewer which eliminated interviewer bias. The large sample size helped with generalizing the findings to a wider population. The use of a quantitative survey design was fast and convenient when gathering data, and allowed for multiple cohorts of

students to be surveyed without having all the students in the same place at the same time.

The use of a survey design had its limitations. Even though the survey measured what students feel or think, the survey did not measure the feelings and thoughts directly. There was also a possibility that only a few students would participate in the study. In order to combat a low response rate and to prevent bias, multiple strategies were used to increase the response rate. The researchers attempted to produce positive publicity for the survey and appeal to social worker's desire to what to help as well as marketing a raffle for participating. The importance of the topic was highlighted for students to see the value of the survey and their responses. Students were informed that the survey was easy to complete and did not take much time to complete. Students were given a notice ahead of time regarding the survey and multiple follow-ups occurred to encourage participation from BSW and MSW students within California State University, San Bernardino.

The following questions were examined in the survey: Do students feel prepared and comfortable to provide grief and loss services? Do students feel they have received enough education relating to grief and loss? It was hypothesized that students do not feel prepared or comfortable with the education they have received to provide services to individuals in the field who are experiencing grief.

Sampling

Data was collected using an online survey that was emailed to students. A convenient sampling was best for this type of research because students were available and easy to survey. All undergraduate and graduate social work students enrolled at California State University, San Bernardino were emailed the survey. The criteria for this selection included Bachelors, Masters, full-time, part-time, and Pathway Distance Education online program students. A sample size of 100 total students was desired for this study as it is a sufficient sample size to conduct the analysis for this research and it allowed for enough participants if some students decided not to participate. Since students obtain an email account once they are enrolled at California State University, San Bernardino, all the students received the survey through the school email which allowed for better recruitment of participants in order to maximize participation and reduce the number of external participants.

Data Collection and Instruments

Many of the questions within the survey included questions regarding previous education, training, and experience on grief, loss, bereavement, dying, and death. Questions relating to perceived competence were also asked. A pre-existing instrument developed by Anne M. Deffenbaugh (2008) was adapted for this study. Deffenbaugh constructed a survey to examine self-perceived grief counseling competencies of licensed professionals. Deffenbaugh used multiple instruments in her survey but the Grief Counseling Experience and Training

instrument, which measured grief education and experience, was used in this study. The researcher tested the survey before administering it and found that it had high reliability (.86). The researcher claimed to have used statements with high face validity. The researcher did not elaborate on the cultural sensitivity of the survey. Our survey included additional information to assist participants with clarification and comprehension of the survey. The questions on the survey were measured on an ordinal and nominal level. Additional questions were asked in our survey relating to: crisis intervention, knowledge of symptoms of grief, perceived grief competence, and attitudes about training. These questions were also measured on an ordinal level. Also, questions asking classes offered that focused specifically on death, classes taken that focused specifically on death and grief content, classes taken that included/infused death or grief content, previous or current cases with end-of-life incorporated, number of loved ones who have died, and number of training hours on death and/or grief were asked in the survey. These questions were measured on a ratio level.

The survey began with the following questions regarding demographics of participants: age, gender, race, current level of education, current class cohort (part-time, full-time, and online), previous work/internship experience, and previous Bachelor's degree obtained (if applicable). No identifying information was asked. Age was measured on an interval level. Gender, race, level of education, and previous Bachelor's degree was measured on a nominal level. Previous experience was measured on a ratio level. The independent variable for

this study were the demographics (listed above) of social work students participating in the study and the dependent variable were perceptions of students' readiness of providing grief and loss services relating to death. The survey was used to understand perceptions of the students being surveyed.

Procedures

Prior to collecting data, permission to use our participants was obtained by speaking with Dr. Smith, Director of School of Social Work, and providing her with a copy of the proposed study. Data collection was obtained via an online survey sent directly to the participants' emails. Participants were notified regarding an upcoming survey through the email provided by California State University, San Bernardino one week prior to receiving the survey. Participants were also primed through a flyer left in the participants' mail box which informed participants of the survey and benefits/risks of participating in this study. Data collection took place anywhere there was access to an internet connection as the participants were able to take the survey at their best convenience. Data was collected using the online tool called Survey Monkey which allows researchers to create online surveys to be administered for free. Data collected was kept in a password protected computer to be analyzed using IBM SPSS statistical analysis software in order to obtain frequency measures of the various variables which include current academic standing (Bachelors versus Masters), experience, gender, race/ethnicity, age, and previous experience of loss of friends and family and how these independent variables may influence the social work students'

perceived readiness when dealing with grief and loss. Data collection began on the second of January of 2015 and continued for 2 months in order to ensure that the participants had an adequate amount of time to respond to the survey. Data collection ended the last day of the month of March of 2016. This provided excellent results as they had the convenience of working on the survey at their best convenience.

Protection of Human Subjects

When conducting research, the protection of privacy of participants was the primary concern of the investigators especially when it was based on such a taboo subject. The information collected via this study did not record any identifying individual data which ensured that the information obtained could not be tracked back to the participants. The participants' data was backed up in a password protected computer. All participants received informed consent which stated that their participation was completely voluntary and that they could choose not to participate or end the survey at any time. Within the informed consent, participants were notified of the benefits of participating which included the possible improvement of social work programs in the future due to further understanding obtained regarding the perceived readiness of social work students to tackle grief and loss with their clients. The informed consent also touched upon the risks, which were minimal but included possible regression of previous loss experiences, feelings, and/or symptoms. At the end of the survey, the debriefing statement was there to aid participants who believed they would

benefit from counseling due to thinking of grief and loss and possible regression to past experiences due to the focus of the study, resources were provided within the debriefing statement for the benefit and use of the participants. Refer to appendix A and B for informed consent/debriefing statements.

Data Analysis

Quantitative data analysis took place for this research study. Data collected was coded using IBM SPSS statistical analysis software for the purpose of analyzing the data. Descriptive statistics were used to describe the characteristics of participants through frequencies. Given the perceived perceptions of social work students' preparedness, they were compared with the independent variables, age, gender, race, current level of education, current class cohort (part-time, full-time, and online), previous experience, and previous Bachelor's degree obtained (if applicable), in order to attempt to understand the various factors and the participants' perceptions. Statistical software allowed researchers to analyze the data for the given sample. Frequency tables were used to describe the population surveyed and determine how many individuals felt competent providing grief and loss services where they currently stand as professionals. Through this analysis, we were able to see how the variables perceived preparedness and competence. Frequency tables provided the researchers with split percentages which showed how many individuals within the school of social work in California State University, San Bernardino felt prepared to provide grief and loss services.

Summary

This chapter showed a clear outline of the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis that took place in this study. This study took a quantitative approach towards data analysis. Through an online survey design, data will be collected and interpreted via frequency tables to attempt to observe the perceived preparedness of social workers when dealing with grief and loss scenarios involving death of social work students within California State University, San Bernardino. All participants' data was in accordance with the protection of human subjects. These methods allowed the researchers to further investigate social work students' perceived preparedness when dealing with grief and loss cases.

CHAPTER FOUR

RESULTS

Data Tables

Frequency tables were created as shown below. The description of each table is featured below each corresponding table.

Table1: Personal Loss Experience

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Not at all True	12	12	12	12
Less than somewhat true	13	13	13	26
somewhat true	34	34	35	61
more than somewhat true	14	14	14	75
totally true	24	24	25	100
Total	97	96	100	
Missing	99	4		
Total	101	100		

This table shows the amount of personal experience with death.

Table 2: Grief Courses Specifically Focused on Grief and Loss

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
0	58	57	61	61
1	20	20	21	82
2	10	10	11	93
3	4	4	4	97

	4	1	1	1	98
	5	1	1	1	99
	8	1	1	1	100
	Total	95	94	100	
Missing	99	6	6		
Total		101	100		

This table shows the number of courses taken by CSUSB students that were specifically focused on grief and loss.

Table 3: Courses that Included Grief

	Frequency	Percent	Valid Percent	Cumulative Percent
0	34	34	36	36
1	27	27	28	64
2	19	19	20	84
Valid 3	7	7	7	92
4	7	7	7	99
5	1	1	1	100
Total	95	94	100	
Missing 99	6	6		
Total	101	100.0		

This table shows the number of courses taken by CSUSB students that included grief and loss in the curriculum.

Table 4: Grief Counseling Competency

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Great Deal more	43	43	45	45

	Much More	40	40	42	87
	Comfortable	12	12	13	100
	Total	95	94	100	
Missing	9	6	6		
Total		101	100.0		

This table depicts the competency of CSUSB students surveyed regarding grief counseling.

Table 5: Great Deal of Experience

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
	Not at all True	46	46	51
	Less than somewhat true	24	24	78
	somewhat true	12	12	91
	more than somewhat true	4	4	96
	totally true	4	4	100
	Total	90	89	100
Missing	9	11	11	
Total		101	100	

This table shows perceived experience of CSUSB students when working with grief and loss.

Table 6: Feel Competent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
	Not at all True	43	43	48
	Less than somewhat true	20	20	70
	somewhat true	20	20	92

	more than somewhat true	6	6	7	99
	totally true	1	1	1	100
	Total	90	89	100	
Missing	9	11	11		
Total		101	100		

This table shows that almost half of total CSUSB students surveyed do not feel competent to deal with grief and loss cases in the field.

Table 7: Theories of Grief

	Frequency	Percent	Valid Percent	Cumulative Percent
	Not at all True	44	44	49
	Less than somewhat true	24	24	76
Valid	somewhat true	14	14	91
	more than somewhat true	8	8	100
	Total	90	89	100
Missing	9	11	11	
Total		101	100	

This table shows how comfortable CSUSB students feel regarding grief and loss theories.

Table 8: Assess Grief

	Frequency	Percent	Valid Percent	Cumulative Percent
	Not at all True	39	39	43
	Less than somewhat true	22	22	68
Valid	somewhat true	18	18	88
	more than somewhat true	8	8	97

	totally true	3	3	3	100
	Total	90	89	100	
Missing	9	11	11		
Total		101	100		

This table displays CSUSB's students' comfort when assessing grief in clients in the field.

Table 9: Counseling Children Grief

	Frequency	Percent	Valid Percent	Cumulative Percent
	Not at all True	52	52	58
	Less than somewhat true	21	21	81
	somewhat true	12	12	94
	more than somewhat true	4	4	99
	totally true	1	1	100
	Total	90	89	100
Missing	9	11	11	
Total		101	100	

This table shows the comfort/competency of CSUSB students to counsel children currently experiencing grief.

Table 10: Adequate Clinical Training

	Frequency	Percent	Valid Percent	Cumulative Percent
	Not at all True	45	45	51
	Less than somewhat true	18	18	71
	somewhat true	18	18	91
	more than somewhat true	8	8	100

Total	89	88	100
Missing 9	12	12	
Total	101	100	

This table displays the extent to which CSUSB students have obtained adequate clinical training revolving around grief and loss.

Table 11: Continuing Education

	Frequency	Percent	Valid Percent	Cumulative Percent
0	60	59	66	66
1	4	4	4	70
2	3	3	3	74
3	1	1	1	75
4	2	2	2	77
5	4	4	4	81
8	2	2	2	84
10	2	2	2	86
13	1	1	1	87
16	1	1	1	88
20	5	5	6	93
30	1	1	1	95
40	3	3	3	98
80	1	1	1	99
100	1	1	1	100
Total	91	90	100	
Missing 99	10	10		
Total	101	100.0		

This table displays the number of continuing education hours (courses not otherwise provided by the school which students must search for outside of their curriculum independently) completed by CSUSB students surveyed.

Table 12: Experience of Suicide

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all True	61	60	69	69
	Less than somewhat true	14	14	16	85
	somewhat true	9	9	10	96
	more than somewhat true	3	3	3	99
	totally true	1	1	1	100
	Total	88	87	100	
Missing	9	13	13		
Total		101	100		

This table displays CSUSB student's experience working with individuals who have experience a loss due to suicide.

Table 13: Assess Unresolved Grief

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all True	26	26	29	29
	Less than somewhat true	29	29	33	62
	somewhat true	25	25	28	90
	more than somewhat true	7	7	8	98
	totally true	2	2	2	100
	Total	89	88	100	
Missing	9	12	12		
Total		101	100		

This table shows CSUSB student's perceptions of competence when assessing unresolved losses.

Table 14: Grade Level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Graduate Level	63	62	66	66
	Undergraduate Level	33	33	34	100
	Total	96	95	100	
Missing	9	5	5		
Total		101	100		

The table shows the breakdown of graduate and undergraduate students that were surveyed in the study.

Table 15: Bachelor's Degree

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Social Work	24	24	35	35
	Psychology	20	20	29	64
	Sociology	14	14	20	84
	Social Science	1	1	1	86
	Family Resource	2	2	3	88
	Other (Non SS)	5	5	7	96
	Criminal Justice	3	3	4	100
	Total	69	68	100	
Missing	99	32	32		
Total		101	100		

This table shows the educational background of the individuals who were surveyed for the purpose of this study. Most appeared to be from some form of social science background.

Table 16: Age

	Frequency	Percent	Valid Percent	Cumulative Percent
20	1	1	1	1
21	3	3	3	4
22	5	5	5	10
23	7	7	7	17
24	11	11	12	28
25	13	13	14	42
26	5	5	5	47
27	4	4	4	52
28	6	6	6	58
29	1	1	1	59
30	4	4	4	63
31	3	3	3	66
32	1	1	1	67
33	2	2	2	70
34	1	1	1	71
35	5	5	5	76
36	1	1	1	77
37	3	3	3	80
38	3	3	3	83
39	1	1	1	84
40	3	3	3	87
42	2	2	2	90
43	2	2	2	92
45	2	2	2	94
46	1	1	1	95
47	1	1	1	96
49	1	1	1	97
50	2	2	2	99

	53	1	1	1	100
	Total	95	94	100	
Missing	99	6	6		
Total		101	100		

This table displays the ages of the participants surveyed.

Table 17: Number of Deaths in Past Year

		Frequency	Percent	Valid Percent	Cumulative Percent
	0	59	58	61	61
	1	21	21	22	83
	2	9	9	9	92
Valid	3	5	5	5	97
	4	2	2	2	99
	5	1	1	1	100
	Total	97	96	100	
Missing	99	4	4		
Total		101	100		

This table displays the number of deaths experienced by those who participated in the survey.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter contains a discussion of the significant results and key findings of the study, limitations of the study, and recommendations for social work practice, policy, and research.

Discussion

The purpose of the study was aimed at determining if social work students feel prepared to provide grief and loss service to children and adults who have suffered the death of a loved one and if they feel that they were getting enough training and education in their undergraduate and graduate programs. With the high probability that students will encounter clients with grief concerns or situations with end-of-life issues as they enter the various areas of the social work field, the study measured students' previous training, experience, and education on grief and loss. It was hypothesized that undergraduate and graduate students in the School of Social Work program at California State University, San Bernardino would not feel prepared to provide grief and loss services and that students did not receiving enough education or training in grief and loss.

The findings of this study suggested that students do not feel competent in providing grief counseling. Of the 95 respondents, the majority (87.4%) answered

that they either needed to learn a great deal more (45.3%) or that they need to learn much more (42.1%) about grief and loss in order to feel competent in providing grief and loss services. Only 12 individuals reported being comfortable with their current knowledge and skill level. Furthermore, not one participant felt he or she was highly competent in grief and loss.

Grief and Loss Courses

There are a variety of reasons implied by respondents showing why they do not feel comfortable or competent providing grief and loss services. Some of the factors that were most apparent in the study were the number of courses that social work students took that either focused specifically on grief or at least included grief content in the course. Also, the amount of continuing education hours signify why students do not feel prepared.

When it came to courses that respondents took that focused specifically on grief and loss, 61% did not have a class that specially focused on grief and loss. When it came to courses that included grief and loss, approximately 35.8% of the respondents did not take any course that included grief and loss in a significant way. Further interpretation of this analysis could indicate that there are not many courses offered within the School of Social Work that focus specifically on grief and loss or courses that significantly focus on grief and loss. Additionally, courses were possibly not offered within other social science programs such as psychology or sociology. At California State University, San Bernardino, a course on grief and loss is not offered within the social work program. Another factor of

analysis could suggest that the social work program does not distinguish between general counseling and grief counseling. It's possible that a course is not offered because there is an assumption that students would be able to tell the differences between grief counseling and general counseling. Likely, educators may see grief counseling and general counseling as the same. This hinders emphasis on grief and loss. Even though grief counseling is a form of counseling, it is its own process with unique characteristics that differ from other areas. Just as substance treatment, domestic violence, and anger management have its distinct style, grief and loss services have a contrasting style compared to other counseling types. Especially in the generalist model of social work, grief counseling shares the same elements for assisting clients. It is understandable how this conclusion was made.

Without a grief and loss course or a class that at least covers substantial grief and loss material in-depth, students are neglected from the necessary theoretical framework needed to increase competence and confidence. Also, micro skills essential for providing interventions for individuals are omitted without courses. A course or college units in grief counseling would discuss important cultural factors to be aware of, crisis management in grief, expected versus unexpected loss, processes of grieving and mourning, pathology of grief, developmental differences, misconceptions of grief, support for children, facilitating groups, therapeutic roles, and so on (Adams, 2013). Data analysis found that students did not know about theories of models relating to grief and

loss. Theories and models provide students with a foundation of grief and loss. Theories and models assist students in conceptualize how to engage with clients, assess for grief, plan treatment, and implement services. Theories are helpful in knowing where a client is at. The profession of social work emphasizes meeting clients where they are at. Helping clients under the process of treatment is helpful towards healing. Students miss out when this information is not known. Even though some theories do not provide therapeutic recommendations, some do provide a framework on understanding clients and understanding grief and loss. Clinical training can be found within practice models. Respondents believed in not having adequate skills in providing services. Likewise, the data implied that students did not feel competent in their abilities to assess for grief or diagnose grief. Assessing is vital in grief and loss. There are a variety of symptoms that are very dissimilar. Often times, grief is misdiagnosed for other mental health disorders that are similar to bereavement issues.

A class will give students the opportunities to engage in role-plays and practice their skills in mock situations. The School of Social Work aims at preparing students to support clients and their communities. It's hard for students to support grieving individuals when they are not properly equipped with the tools in order to provide support and guidance. Students learn some of these tools in class. If these classes are not offered, how can students learn these tools? It's vital that students are not only offered the opportunity to learn more about grief

and loss, but also that they are encouraged to take these courses in order to increase their skills and confidence.

In class preparation does not have to be the only means of getting experience in grief and loss. Many social work programs require students to partake in field placements, or internships, where students have the opportunity to receive career training and experience from organizations that provide services. Social work programs could have interns placed in organizations that provide grief and loss services such as nursing homes, hospitals, and hospices. Students can get direct training from individuals and agencies in order to increase their grief and loss skills. This study did not investigate students' internship experiences or locations. However, based on the overall belief that respondents reported not being comfortable and prepared to offer grief and loss services, it is fair to say that many students probably did not have internships focusing on grief and loss. Internships are a channel to learn more about how to engage with grieving clients, assessing for the various types of grief or loss, providing interventions, planning treatment, giving resources and supports, facilitating groups, and so on. Many of these respondents believed they were not competent in. Programs can offer these types of internships for students so that they may get more experience in grief and loss. It could also be a gateway into further education in grief and loss.

Continuous Education

Continuous education, or professional development hours, is defined as education not provided at the school. Students or professionals attend continuous education by going to workshops, in-services trainings, and conferences. More than half of the respondents (65.9%) reported receiving no continuous education hours relating to grief and loss. Interpretation of this analysis could mean that either students do not go to workshops on grief and loss or there are limited opportunities for professional development. Because of the broadness of loss, there may not be many workshops titled grief and loss. Furthermore, because death is at times morbid, students may not elect to go to workshops. These barriers results in students not learning the material they are supposed to be learning in classes.

Trainings generally have professionals or specialist that work in a particular area. For grief and loss, a specialist could be conducting a workshop in that area. By not attending, students are excluded from meeting other professionals who provide grief and loss services. They do not get to network and hear the experiences of those working in the grief and loss field. Sometimes, workshops offer innovative ideas on interventions that support clients. It could be an avenue to express difficulties or challenges with working with the grieving population. Continuing education offers many of the same material that is discussed in a regular grief and loss course. Workshops are a rapid means to acquire critical information in order to help individuals with their jobs. Even if a

student does not this information, workshops are a refresher on previously learned content.

It's important to note, previous research found that even after students graduate, there is a possibility that they may not get to attend workshops in grief and loss (Charkow, 2002). Students have to be encouraged to attend these workshops while in school because they may not once they have graduated. Students may not know about these opportunities.

The other about continuing education is students do not have a chance to attend these workshops, even if they want to. With the many benefits, these workshops could very well not exist. It's recommend that there are more workshops to attend because of the additional assistance it provides. Also, it could be that students do not where to attend these workshops. Information and resources need to be available in classes or agencies to direct students to workshops. Moreover, practicing social workers and helping professionals need to have these workshops available because of the probability that they were not introduced to this information before. Emphasis has to be placed on not only attending these workshops, but conducting them for individuals that lack the knowledge. If students and professionals are not being trained in grief and loss now, what will the quality of information be in the future?

Also, continuing education is not the solution. Professional development should be supplemented with initial course on grief and loss rather than alternatives to courses. Many workshops provide a brief overview of subjects in

just over an hour or so of time. Students cannot develop confidence and competence in an overview. They cannot have an overview when the subject was barely, if ever, discussed. A true professional continues to master his or her craft even if he or she has acquired a skill. Overall, it could be hypothesized that an increase in education, training, and experience could result in greater confidence and competence. Students may not engage in training because the difference between grief counseling and general counseling were not established.

Macro Development

A significant point appeared from respondents after interpreting the data. Analysis could point out that more has to be done on a macro level for grief and loss. In addition to educator including more grief and loss education and professionals providing more opportunities for training, students are not getting consultation about grief and loss. During internship, students are required to have weekly supervision with their field instructors. Often times, field instructors may be supervisors of the agencies they belong to. Respondents reported not getting consulting their supervisors about grief and loss. This could mean that students are once again not in field placements that focus on grief and loss. That also points at field instructors do not discuss grief and loss with students. Loss is very broad and occurs in different fashions. It may not be death but it does take place. Field instructors are in a position to give students more insight about grief and loss and help students make connections about theories of grief to direct

practice. Field instructors may not provide supervision in grief and loss because they are not aware of the connections and the content of grief and loss. It is imperative that students are getting the experience they need in order to support clients. Agencies could encourage administration to conduct more training in grief and loss to provide to supervisors and employees.

A component of macro social work includes community outreach or program development. Students may not have opportunities to attend trainings in grief and loss or have internships in grief services because these programs are not available or not known. Loss is an experience that not only effects a person, but also an entire family, community, city, state, or nation. For example, the events that took place on December 14, 2012 at Sandy Hook Elementary School affected the whole United States. Many loved ones were lost. In addition, people lost their sense of security. Crisis counselors were vital to the healing and treatment of these events. Many of these counselors had substantial knowledge in grief and loss. Similar situations like Sandy Hook take place every day in society and agencies have to be available. Social workers and their agencies may have to provide services like these. Knowing grief and loss is crucial to treatment.

In addition to program development, there needs to be programs available for individuals to go to. Loss and death takes place all the time and individuals may not know where to go for support. If students do not know where to refer clients, it may cause more frustration and a greater sense of

hopelessness for grieving individuals. Interpretation of the data indicted many respondents did not know about grief and loss resources. It is possible that grief and loss resources are not available. In conjunction with education and continuous training, programs and resources have to be available and know for students to refer to. Resources could be offered during training and during class.

Grief and Loss with Children

For children, grief may be a traumatic experience, especially when a death is involved. Children do not possess the emotional tools or the cognitive developmental abilities in order to process grief. Interpretation of the data signified that students are not prepared to counsel children. Children are already vulnerable at their ages. Without appropriate interventions, grief can lead into negative consequences in adulthood. Unlike adults at times, children may not know how to verbalize their grief. Special training is provided for individuals who conduct these services for children. A social worker who encounters a child with grief issues may not know about appropriate treatment. Children that do not receive treatment continue to be at-risk for more harm. It may be known that many children respond better to grief when they are doing non-verbal activities or when they are in groups. For children, being in a group may be an empowering practice method for children as they grieve (Malekoff, 2008). Respondents reported not being comfortable facilitating grief groups, whether for adults or for children. It is hard to be prepared and comfortable in providing services to children and facilitating groups when students do not have training in these

areas. It is possible that training and education is not emphasized in these areas because of the similarities of supporting children. In general counseling, children may respond better to non-verbal activities and in groups. However, a social worker cannot provide treatment without previous exposure to the area

Limitations

There are several limitations within this study. First, the survey measured students' perceptions of competence rather than actual competence. Students' perceptions are subjective and students can misrepresent their knowledge and skills. It's quite possibly that students do not feel comfortable in providing grief and loss services but they may have the skills and knowledge in order to provide services. It would be beneficial for researchers in the future to determine which skills and knowledge are needed to provide grief and loss services and to investigate if students have adequate skills. Research can also investigate actual competence.

A second limitation of this study is that only social work students in the School of Social Work at California State University, San Bernardino were sampled. There are many social work programs in California and around the country. Some programs offer courses and specializations in grief and loss; however, the program at California State University, San Bernardino does not offer either. Students from other schools and programs may have more education and training in grief and loss. It's important to note, not all the graduate students that participated in the study attended the undergraduate social work

program offered at California State University, San Bernardino. These individuals could have attended other programs but still did not receive enough education and training in grief and loss. Nevertheless, the study is aimed at incorporating more grief and loss education at California State University, San Bernardino.

A third limitation of this study is that both researchers attended classes with some of the respondents. Both researchers have discussed the importance and the need for grief and loss education in many of the different classes throughout the program. Respondents could have been influenced by the researchers to increase their knowledge in these areas. At the same time, this is one of the goal of this study.

Lastly, another limitation of the study was personal death experiences of students. The study examined losses that have occurred within the past year of taking the survey. It would be interesting to examine how significant losses, traumatic losses, and total number of losses affect a person's comfortability, preparedness, and competence in providing grief and loss services.

Recommendations for Social Work Practice, Policy, and Research

It is important that students are prepared to support these individuals. Whether if services are provided for children or adults or individually, in groups, or in workshops, the study indicated that students do not feel competent providing these services. Previous research showed that the possibility that a social worker will need to provide grief and loss services is extremely high with 97% of professionals reported working with at least one client with grief issues

(Charkow, 2002). Even in child welfare, over 94% of child welfare workers reported encountering an end-of-life issues (Csikai et al., 2008). Social work programs, especially the social work program at California State University, San Bernardino, need to incorporate more grief and loss education. It may be difficult to offer a course specifically about grief and loss but other courses could emphasize more grief and loss content in the curriculum. Courses need to include theories and models relating to grief, role-plays and activities to practice grief, discussions about symptoms and criteria, and information on where to obtain resources. Students in this study reported not knowing this information. In the future, research can identify the necessary skills for grief and loss and how to obtain those skills. Also, researchers could examine if students would like to know more about grief and loss, if they know where to receive training outside of school, and if they think grief and loss services are effective. Answering some of these questions may provide additional support in including grief and loss education and training in the future.

The study showed that many of the students had limited experience in the field, not just relating to grief and loss. Students were relatively new to the field. Future research could compare the amount of professional development in grief and loss to competency and show how the two relate. It's hypothesized that the more one is trained in an area, the more confidence one has and the greater competence one is. Research could also examine number of years in the field to investigate if students gain knowledge about grief and loss services over time.

Schools are not only responsible for providing education and training in grief and loss. Agencies need to provide initial and ongoing training on grief and loss for students and employees. Research showed that clients and agencies had more successful outcomes when social workers were training in grief and loss (Wakcher, 2010). It's essential that agencies offer the training and education that school programs need to provide but are not providing. In addition, management and supervisors have to ensure that they are providing employees consultation and supervision in grief and loss. Previous research (Charkow, 2002) found counselors, even licensed professionals, were not getting training after entering the profession. Children and adult may come to a social worker for support and social workers need to be competent in the areas that clients need help in. Another recommendation is for grief and loss education and training to be provided to students in a settings outside of the classroom. The profession of social work could establish a necessity for grief and loss education within initial training and ongoing training. Grief and loss training is not only for those specializing in grief counseling, but for other professional social workers as well.

Conclusion

With the likelihood that social workers will encounter a client with grief challenges or situations with end-of-life issues, it is important for the profession to ensure social workers are receiving education and training for grief and loss. The purpose of this study was to investigate if both undergraduate and graduate social worker students feel competent in providing grief and loss services. The

study found that students in both the undergraduate and graduate programs in the School of Social Work at California State University, San Bernardino were not getting educated on grief and loss content in their undergraduate nor their graduate programs. Consequently, they are not receiving training outside of school either. Hopefully, the School of Social Work and prospective agencies for social workers can help students develop their grief and loss confidence and competency by providing education and training in in the future.

APPENDIX A
INFORMED CONSENT



College of Social and Behavioral Sciences
Department of Social Work

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 12/15/12 VOID AFTER 12/14/12
IRB# SW1606 CHAIR Jan 5/13

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the readiness and comfort for providing bereavement services, relating to death, of current undergraduate and graduate students in the School of Social Work, California State University, San Bernardino. The study is being conducted by Luis A. Mitchell and Juan Murillo under the supervision of Dr. Thomas Davis, Associate Professor of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to investigate whether students feel prepared and comfortable to provide grief and loss services, whether students perceived if they have received enough education relating to grief and loss, and which factors correlate to greater readiness.

DESCRIPTION: You have been selected to participate in the study because you are currently an undergraduate or graduate student in the School of Social Work, California State University, San Bernardino. In the study, you will be asked to answer questions regarding grief and loss education, experience, and training.

PARTICIPATION: Your participation in the study is entirely voluntary. You do not have to answer any questions you do not want to answer and you can choose to end the survey at any time. Deciding not to participate will not affect your academic standing.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be coded into numerical format. No identifying information will be asked. All data will be destroyed June 2016, after the study has been completed.

DURATION: The survey is expected to take no more than 15 minutes. There will be no further participation needed.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants but your participation may help to improve current grief and loss education and training.

CONTACT: If you have any questions, comments, or concerns about the study, please feel free to contact Dr. Thomas Davis at 909-537-3839 and/or tomdavis@csusb.edu.

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX B
DEBRIEFING STATEMENT

The study you have just completed was designed to investigate whether students feel prepared and comfortable to provide grief and loss services and whether students perceived if they have received enough education relating to grief and loss. The study asked questions regarding grief and loss education, experience, and training. The study was made by Luis A. Mitchell and Juan Murillo. This is to inform you that no deception is involved in this study.

Thank you for your participation. If you have any questions, comments, and/or concerns about the study, please feel free to contact Dr. Thomas Davis at 909-537-3839 and/or tomdavis@csusb.edu. If you are interested in the results of this study, you can obtain a copy of the results at John M. Pfau library at California State University, San Bernardino's or on their website at <http://scholarworks.lib.csusb.edu> once the study has been completed, August 2016.

The following community resources are available for counseling and/or support:

Counseling and Psychological Services (CAPS)-California State University, San Bernardino

Phone: 909-537-5040

Address: Health Center Building, 5500 University Parkway, San Bernardino, CA 92407

Community Crises Response Team- West Valley Region

Phone: 909-458-9628

Pager: 909-535-1316

Crisis Walk in Center- Rialto

Phone: 909-421-9495

Address: 850 E. Foothill Blvd., Rialto, CA 92376

Loma Linda Grief Recovery Group

Phone: 909-558-4367

Address: 11234 Anderson St., Loma Linda, CA 92354

Riverside Hospice Bereavement

Phone: 951-274-0710

APPENDIX C
INSTRUMENT

1. What is your current grade level?
 - a. Graduate level
 - b. Undergraduate level
2. I have worked in a social work setting for _____ years.
3. If applicable, bachelor's degree is in _____.
4. My gender is...
 - a. Male
 - b. Female
 - c. Other (please specify)
5. The racial/ethnic background I most closely identify with is:
 - a. African-American
 - b. Asian/Pacific Islander
 - c. Caucasian
 - d. Hispanic/Latino
 - e. Native American
 - f. Bi-racial
 - g. Other (please specify)
6. My age in years is: _____
7. I have lost approximately _____ close relatives and friends to death within the past year.
8. I believe that my personal death-related loss experiences play a critical role in how I currently live. Rank from 1 (not true at all) to 5 (totally true)

9. How many courses did you complete which focused specifically on death and/or grief?
10. How many courses did you complete which included or infused death and/or grief content in the course in a significant way?
11. Approximately, how many professional development hours have you earned on the subject of death and/or grief?
12. Please rate your grief counseling competence by circling the appropriate answer below
- a. I feel I need to learn a great deal more before I would call myself competent.
 - b. I still have much to learn in order to call myself competent.
 - c. I feel comfortable with my knowledge and skill level.
 - d. I am highly competent, I could teach others.
13. I have received adequate clinical training and supervision to counsel clients who present with grief. Rank from 1 (not true at all) to 5 (totally true)
14. I constantly check my grief counseling skills by monitoring my functioning and competency via consultation, supervision, and continuing education. Rank from 1 (not true at all) to 5 (totally true)
15. I have a great deal of experience counseling clients who present with grief. Rank from 1 (not true at all) to 5 (totally true)

16. At this point in my professional development, I feel competent, skilled, and qualified to counsel clients who present with grief. Rank from 1 (not true at all) to 5 (totally true)
17. I have a great deal of experience counseling persons who experience loss of a loved one to suicide. Rank from 1 (not true at all) to 5 (totally true)
18. I have a great deal of experience counseling children who present with grief. Rank from 1 (not true at all) to 5 (totally true)
19. I regularly (more than 1x per month) attend in-services, conference sessions, or workshops that focus on grief issues in counseling. Rank from 1 (not true at all) to 5 (totally true)
20. I feel competent to assess the mental health needs of a person who presents with grief in a therapeutic setting. Rank from 1 (not true at all) to 5 (totally true)
21. I have a great deal of experience with facilitating group counseling focused on grief concerns. Rank from 1 (not true at all) to 5 (totally true)
22. I have done many counseling role-plays (as either client or counselor) involving grief concerns. Rank from 1 (not true at all) to 5 (totally true)
23. I have sufficient knowledge of grief counseling theories and models. Rank from 1 (not true at all) to 5 (totally true)
24. I can verbalize my own grief process. Rank from 1 (not true at all) to 5 (totally true)

25. I can assess for unresolved losses (may not be presented by client). Rank from 1 (not true at all) to 5 (totally true)
26. I can provide educational workshops and activities to community members about grief. Rank from 1 (not true at all) to 5 (totally true)
27. I know the diagnosis criteria for Bereavement according to the DSM-V. Rank from 1 (not true at all) to 5 (totally true)
28. I can inform clients how to obtain support and resources in community for grief/loss. Rank from 1 (not true at all) to 5 (totally true)
29. Choose answer choice C.
- a. A
 - b. B
 - c. C

(ADAPTED FROM ANNE M. DEFFENBAUGH'S (2008) SURVEY): ARE YOU
PREPARED DEAL WITH GRIEF COUNSELING?

REFERENCES

- Adams, G. (Fall 2013). *Loss, grief, and social work intervention* [Syllabus]. Little Rock, AR: School of Social Work, University of Arkansas at Little Rock.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, D.C: American Psychiatric Association.
- Bembry, J., Poe, N., & Rogers, O. (2009). BSW students' experiences with the deaths of clients: An exploratory study. *Journal of Baccalaureate Social Work, 14*(2), 1-15.
- Breen, L., Fernandez, M., O'Connor, M., & Pember, A. (2012). The preparation of graduate health professionals for working with bereaved clients: An Australian perspective. *Omega: Journal of Death and Dying, 66*(4), 313-332.
- Buckle, J. (2013). University students' perspectives on a psychology of death and dying course: Exploring motivation to enroll, goals, and impact. *Death Studies, 37*(9), 866-882.
- Charkow, W. B. (2002). Family-based death and grief-related counseling: Examining the personal and professional factors that impact counselor competence. *Dissertation Abstracts International: Section A. Humanities and Social Sciences, 62*(12-A), 4070.
- Clarke, M., Tanskanen, A., Huttunen, M., & Cannon, M. (2013). Sudden death of

- father or sibling in early childhood increases risk for psychotic disorder. *Schizophrenia Research*, 143(2-3), 363-366.
- Csikai, E., Herrin, C., Tang, M., & Church, W. (2008). Serious illness, injury, and death in child protection and preparation for end-of-life situations among child welfare services workers. *Child Welfare*, 87(6), 49-70.
- Deffenbaugh, A. (2008). Self-perceived grief counseling competencies of licensed professional counselors. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 69(1-B), 672.
- Gustavsson, N., & MacEachron, A. (2002). Death and the child welfare worker. *Children & Youth Services Review*, 24(12), 903-915.
- Gustavsson, N., & MacEachron, A. (2004). When a child welfare client dies: An agency-centered perspective. *Child Welfare*, 83(4), 317-340.
- Hayes, J. A., Yeh, Y., & Eisenberg, A. (2007). Good grief and not so good grief: Countertransference in bereavement therapy. *Journal of Clinical Psychology*, 63(4), 345-355.
- Horn, E., Crews, J., & Harrawood, L. (2013). Grief and loss education: Recommendations for curricular inclusion. *Counselor Education & Supervision*, 52(1), 70-80.
- Huff, M., Weisenfluh, S., Murphy, M., & Black, P. (2006). End-of-life care and social work education: What do students need to know?. *Journal of Gerontological Social Work*, 48(1-2), 219-231.
- Jordan, A., & Litz, B. (2014). Prolonged grief disorder: Diagnostic, assessment,

- and treatment considerations. *Professional Psychology: Research & Practice*, 45(3), 180-187.
- Karakartal, D. (2012). Investigation of bereavement period effects after loss of parents on children and adolescents losing their parents. *International Online Journal of Primary Education*, 1(1), 37-57.
- Kouriatis, K., & Brown, D. (2013). Therapists' experience of loss: An interpretative phenomenological analysis. *Omega: Journal of Death and Dying*, 68(2), 89-109.
- Kramer, B. (1998). Preparing social workers for the inevitable: A preliminary investigation of a course on grief, death, and loss. *Journal of Social Work Education*, 34(2), 211-227.
- Kramer, B., Hovland-Scafe, C., & Pacourek, L. (2003). Analysis of end-of-life content in social work textbooks. *Journal of Social Work Education*, 39(2), 299-320.
- Kübler-Ross, E. (1969). *On death and dying*. New York, NY: MacMillan.
- Lobb, E., Kristjanson, L., Aoun, S., Monterosso, L., Halkett, G., & Davies, A. (2010). Predictors of complicated grief: A systematic review of empirical studies. *Death Studies*, 34(8), 673-698.
- Malekoff, A. (2008). Transforming trauma and empowering children and adolescents in the aftermath of disaster through group work. *Social Work with Groups*, 31(1), 29-52.
- Murphy, S., Xu, J., & Kochanek, K. (2013). Deaths: Final data for 2010. *National*

- Vital Statistics Reports*, 61(4), 1-117.
- Ober, A., Granello, D., & Wheaton, J. (2012). Grief counseling: An investigation of counselors' training, experience, and competencies. *Journal of Counseling & Development*, 90(2), 150-159.
- State of California, Department of Public Health (2010). Deaths by Age and Age Specific Death rates, 1996-2010, California. Retrieved from:
<http://www.cdph.ca.gov/data/statistics/Documents/VSC-2010-0502.pdf>
- Stephenson, J. (1981). The family therapist and death: A profile. *Family Relations*, 30, 459–462.
- U.S. Census Bureau (2010). Census Bureau, 2010 Census of Population, State and County QuickFacts, Retrieved from:
<http://quickfacts.census.gov/qfd/states/06/06071.html>
- Wagner, B., & Maercker, A. (2010). The diagnosis of complicated grief as a mental disorder: A critical appraisal. *Psychologica Belgica*, 50(1-2), 27-48.
- Wakcher, S. (2010). *San Bernardino County's California Permanency for Youth Project Evaluation*. Child and Family Services.
- Westberg, G. (1962). *Good grief*. Philadelphia, PA: Augsburg Fortress.
- Yeager, K., & Roberts, A. (Eds.). (2015). *Crisis intervention handbook: Assessment, treatment, and research* (4th ed.). Cary, NC: Oxford University Press.

ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort by Luis Mitchell & Juan Murillo

2. Data Entry and Analysis:

Team Effort by Luis Mitchell & Juan Murillo

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Team Effort by Luis Mitchell & Juan Murillo

- b. Methods

Team Effort by Luis Mitchell & Juan Murillo

- c. Results

Team Effort by Luis Mitchell & Juan Murillo

- d. Discussion

Team Effort by Luis Mitchell & Juan Murillo